



APPLICATION REQUEST FOR AN ADULT DAY HEALTH CENTER



This letter is to assist you in preparing an adult day health center (ADHC) licensing and/or certification (for Medi-Cal Title 19) application package to the California Department of Public Health (CDPH) Licensing and Certification (L&C) Program for:

- Initial application package for an ADHC; and
- Change of ownership (CHOW) application package for an ADHC.

A state license is required to operate an ADHC in California, which is defined as:

ADHC means “a licensed and certified facility that provides adult day health care”, pursuant to Section 1570.7(b) of the Health & Safety (H&S) Code.

An application package is required for: (1) a new (initial) ADHC facility, and (2) whenever a CHOW occurs. Any other changes must also be reported to the L&C District Office (DO) (in writing) within **14 days** of the change, pursuant to Section 1575.1 of the H&S and Section 78401(c)(4) of Title 22 of the CCR. These other changes do not require submittal of a new application package. The DO will assist you on which forms on the checklist that must be submitted for the specific change to the license

For your convenience, the [attached checklist](#) has instructions to complete the forms required for licensing and certification of an ADHC. The [checklist](#) outlines specific items that applicants typically have encountered problems. Please make sure that all item numbers in each form are completely filled out. For example: (1) the applicant's formal name must be consistently the same throughout all the documents in the application package; or (2) in some instances, a specific attachment may need to be submitted with a specific form.

Please read each required application package form carefully and provide all requested supplemental documents. **DO NOT LEAVE ANY ITEMS BLANK.**

NOTE: If a question does not apply, please respond with “Not Applicable” or “N.A.”.

Do not make changes to these forms. Do not use white out/correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must initial and date the correction. You should retain a photocopy of the completed documents for your files.

In addition, a check or money order, made payable to the “**California Department of Public Health**” for the licensing fee, determined pursuant to Section 1266 of the H&S Code, must accompany the required forms before your application package will be processed.



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The licensing fees change annually; therefore please check the current licensing fee for an ADHC which is posted on the L&C website at:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/HealthFacilities.aspx>

The application fee will NOT be returned if the application package is withdrawn or denied.

The application package review process will consider the licensee's and board members' prior compliance history of all facilities operated by those individuals in California and nationally. The applicant and associates must demonstrate substantial compliance with state and federal requirements for all facilities they operate

Failure to demonstrate the ability to comply with relevant statutes and regulations will result in the denial of your application package. You will be notified in writing of L&C's intent to deny the application.

All completed ADHC **application packages must be submitted to either the Orange County district office (for centers located in the following counties: Imperial, Inyo, Los Angeles, Mono, Orange, Riverside, San Bernardino, and San Diego) or the San Jose district office (for centers located in all other counties).**

The district office will review the application package for completion. A list of district offices and appropriate contacts are located on the L&C website at:

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

Please NOTE the following:

1. There are some differences between documents required for a CHOW and "initial" application packages that are noted on the [checklist](#).
2. An initial survey is part of the application process for "new" ADHC facility applications.
3. The initial survey is a scheduled survey conducted by L&C district offices.
4. If your facility wants to provide services to **Medi-Cal beneficiaries** (under Title 19) you will need to be certified by the California Department of Aging. (CDA.) This may require an additional **certification survey** that is unannounced. CDPH has included all necessary certification forms in the application packet.
5. **If you are requesting certification, please send one copy of your completed application packet to CDA, in addition to submitting your application packet to L&C. CDA's address is:**



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California Department of Aging
Adult Day Health Care Branch
1300 National Drive
Sacramento, CA 95834

CDA may also need additional information or updated documents for certification. Please direct questions regarding certification to CDA at the above address or call (916) 419-7545.

6. Once you have had your initial licensing survey, the L&C district office will send their recommendation to the CDA.
7. There is a **moratorium** imposed on the certification of ADHC's as Medi-Cal providers pursuant to Welfare & Institution Code section 14043.46 and Health & Safety Code section 1575.5. However, there is a moratorium exemption process for these providers meeting the conditions listed on the **CDPH 930 form**. This form is included in the application packet. The California Department of Health Care Services, Provider Enrollment Section, will make the determination for the exemption.

The district office will notify you when the application has been approved and will schedule an initial licensing survey. NOTE: YOU MUST BE READY FOR THE INITIAL LICENSING SURVEY AT THIS TIME. It is L&C's policy that, except in unusual circumstances, only one inspection visit will be made. Failure of the facility to be in substantial compliance, at the time of the visit, will result in the "denial" of the application package. Any further activity regarding your request, after such denial, will require a new application package and license fee.

A license will not be issued until both the application package is approved and, if required, a successful licensing survey is conducted.

If you have any questions, please contact either the Orange County or San Jose local district office administrator located on the district office L&C website listed above.

Sincerely,

ORIGINAL to be SIGNED BY:

Anna Ramirez, Chief
Field Operations Branch—Region IV



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LICENSURE ADULT DAY HEALTH CENTER Includes the forms and information to be “licensed”			
HS 200	Licensure & Certification Application (Title 22, Section 78205) NOTE: Please read the instructions on the HS 200 form prior to completion of the form. Also, pay close attention to the following items:		
	A.11.	Construction. If this is a <u>NEW</u> facility, SUBMIT the following (Title 22, Section 78501): <ul style="list-style-type: none"> Certification of compliance with CA Building Standards Code (OSHDPD 3). Evidence of compliance with Title 24. Zoning (Group 1-4) approval from the city or county. Certificate of Occupancy from the city. Detailed and legible floor plan of the “existing” or “proposed” ADHC indicating square footage of each of the areas to be used, and noting where basic services will be provided (Title 22, Sections 78205(a)(8); 78505. See also, “Standards and Guidelines for Adult Day Services”, The National Council of Aging). The floor plan should indicate: <ol style="list-style-type: none"> Office space, Bathrooms (e.g., number of toilets in each bathroom), Entrances and emergency exits, and outdoor areas, and Include the names and location of adjacent streets. 	
	B.1.	Licensee’s name. The licensee’s formal organization (i.e., corporate) name must be consistent throughout all documents.	
	B.2.	Nonprofit.	N/A
	B.3.	Owner type. If a corporation, SUBMIT a statement giving a brief history and general description of the new owner, including their functions, philosophy and objectives [Title 22, Section 78205(a)(5)] SUBMIT an organization chart/flow chart if the owner is a profit or nonprofit corporation, limited liability company (LLC), or general partnership. The organization chart needs to display the following: <ul style="list-style-type: none"> Applicant’s owners/officers All facilities the applicant is involved with Management Company of applicant, if applicable, and all of their facilities Parent company of applicant, if applicable, and all of their facilities – see B.6 	



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	B.4.c.	Change of Location. Complete the <u>CDPH 414 form</u> . Also, refer to the requirements under Item A.11. (Construction).	
	B.5.a.	Licensee's "other" Facility Involvement. Answer all aspects of the question.	
	B.5.b.	Revocation, suspension, etc. action. If applicable to the licensee, SUBMIT the information requested.	
	B.6.	"Subsidiary" (parent company) information. If there is a parent company SUBMIT : <ul style="list-style-type: none"> • An organization chart with the parent company name • A listing of all owners of the parent company • A listing of all facilities the parent company is involved with 	
	C.1.a.	Management Company [H&S Code, Section 1575.1(a)(3)(A)]. If the facility is operated under a Management Agreement between the licensee and a management company, complete and SUBMIT ATTACHMENT E-1 (Management Company Information) along with a copy of the Management Agreement.	See Attach E-1 below
	C.1.b.	"Interim" Management Company Agreement. <ul style="list-style-type: none"> • If there is an "interim" Management Company Agreement, between the current and the prospective licensee, SUBMIT a signed and dated copy of any Agreement. • The Agreement must state the current licensee still has responsibility for the facility. <p>The interim management company agreement is also mentioned under "Change of Ownership" (CHOW) requirements on page 10 of these instructions.</p>	See CHOW on page 10 of this letter
	C.2.	Name of "proposed" and "current" facility. Enter both facility names if this is a CHOW	
	C.6.a.	Administrator. SUBMIT the HS 215A form for the Administrator. Also, refer to the <u>CDA 278 form</u> .	
	C.7.	Ownership. <ul style="list-style-type: none"> • List all persons having 5% or more ownership, unless "nonprofit". • SUBMIT the HS 215A form for each of the above individuals. 	
	C.8. thru C.10.	Financial resources, over concentration, and Program Plan approval. These questions are "N/A" for an ADHC facility; however refer to the <u>IMS 33 form</u> and instructions.	N/A



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	D.1. & 2.	Property ownership. SUBMIT a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee.	
	F.1.	Signature. “Original” signature is required and MUST be signed by the LICENSEE (not the Administrator).	
	Attach E-1	Management Company Information [H&S Code, Section 1575.1(a)(3)(A)]. If the facility is operated under a Management Agreement between the licensee and a management company, complete and SUBMIT Attachment E-1 (Management Company Information) along with a copy of the Management Agreement.	
HS 215A	Applicant Individual Information [H&S Code, Section 1575.1(a)(1) and (2)] NOTE: Please read the instructions on the HS 215A form prior to completion of the form. This form must be completed for the following persons with ORIGINAL signatures:		
		<ul style="list-style-type: none"> • Administrator of the facility • Board members, directors, partners, and corporate officers of the applicant organization and parent organization • Each person having a beneficial interest of 5% or more in the applicant organization and parent organization • LLC managers and members • Partners 	
	Signature	Signature. Original “signature” is required.	
Facility Information Sheet	Facility Information Sheet. Each individual must complete and SUBMIT the “Facility Information Sheet” for each facility with which they have a <u>current</u> or <u>past</u> relationship. The following <u>MUST</u> be completed for each facility: <ul style="list-style-type: none"> • Facility name • Address of facility • Type of facility • Type of business entity • Person’s <u>nature</u> of involvement • Person’s dates of involvement • This Sheet must also include any facilities licensed by the California Department of Social Services. 		



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HS 309 1 st page	Administrative Organization [Title 22, Section 78205(a)(3)]		
	2.	Administrator of Corporation or LLC – This is usually the CEO/President.	
	3. thru 7.	Corporations need to SUBMIT : <ul style="list-style-type: none"> • A copy of the Filing Statement from Secretary of State • Copy of all Articles of Incorporation • Copy of By-Laws 	
	9.	Governing Board of Directors. SUBMIT the HS 215A form for every person listed under this item.	
	10.	Board Officers. SUBMIT the HS 215A form for every person listed under this item.	
HS 309 2 nd page	Organizational Structure [Title 22, Section 78205(a)(3)]		
	1.	California Out-of-State Corporations, LLC, etc. SUBMIT a copy of the Certificate of Qualification from the California Secretary of State.	
	3. & 4.	Public Agency. SUBMIT a copy of the Resolution.	
	5.	Item 5. Corporations and Partnerships need to complete Item 5	
	Bottom of page	Partnerships need to SUBMIT : <ul style="list-style-type: none"> • A copy of the Partnership Agreement • Copy of the California Secretary of State filing 	
	Bottom of page	Limited Liability Companies (LLC) will need to SUBMIT : <ul style="list-style-type: none"> • Copy of Filing Statement from the Secretary of State • Copy of Articles of Organization • Copy of Operating Agreement • List of Members / Holders / Officers / Managers 	
HS 322	Transmittal Application for Criminal Background Investigation [H&S Code, Section 1575.7(a)(1) and (2)]		
		<ul style="list-style-type: none"> • Complete for the administrator, program director, and fiscal officer. • Return the form to the address indicated on the form. 	
HS 602	Transfer Agreement Between		
		The Transfer Agreement needs to be current. Please submit a copy of the transfer agreement.	
CDPH 930	Request for Adult Day Health Care (ADHC) Moratorium Exemption		
		This is for “initial” applications, CHOWS, relocations, and increases in capacity.	



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DHCS 1051		Civil Rights Compliance Review	
		Send directly to Office of Civil Rights – address is on last page of the form.	
ADH 0006		Staffing/Services Arrangement	
		This is a staffing plan by position title, name, and hours per month and, if applicable, professional license, registration, or certification number and expiration date (Title 22, Sections 78403) .	
ADH 0007		Proposal to Share Space	
		An ADHC center may share space with other licensed health and social services facilities if the conditions of <u>Section 1578 of the H&S Code</u> are met. Shared space is defined as the mutual use of exits and entrances, offices, hallways, bathrooms, storage rooms, treatment rooms, and dining rooms with another licensed health facility or community care facility, senior center, or other appropriate structure.	
ADH 0014		Program Flexibility Request (Title 22, Section 78217)	See CHOW on pg. 9
BCII 8016		Request for Live Scan Service [H&S Code, Section 1575.7(a)(1) and (2)]	
		Submit for the administrator, program director and fiscal officer.	
CDA 278		Administrator and Program Director Information (Title 22, Sections 78205, 78415, and 78417)	
		SUBMIT this form and a “resume” for both the administrator and the program director.	
CDA 282		Local Fire Inspection Authority Information (Title 22, Sections 78409 and 78501)	
IMS 33		Balance Sheet [Title 22, Section 78205(a)(7)]	
		<ul style="list-style-type: none"> The balance sheet should list all assets, liabilities, and equities of the legal entity submitting an application as certified by the entity’s independent public or certified public accountant. It must be current to within <u>90 days</u> of the date of application. If that is not available, an unaudited balance sheet is to be submitted for the last calendar quarter preceding the date of application. 	
		<ul style="list-style-type: none"> If available, also SUBMIT the most recent certified public accountant audited financial statements of the applicant. Monetary and non-monetary donations (e.g., equipment, staff time) to the center from any source would be considered “Other Current Assets” of the licensee. 	



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IMS 35	Cash Flow Forecast [Title 22, Section 78205(a)(7)]		
		<ul style="list-style-type: none"> The cash flow forecast should project on a monthly basis the center's actual <u>cash</u> revenues and expenditures for one year starting from the first month of service provision. It should accurately reflect when and how much money would be received and spent. <u>This is cash only</u> – do NOT include nonmonetary donations or in-kind service donations. Use the <u>IMS 37 form</u> (below) for the breakdown of the expenditure cost centers categories before proceeding with the Cash Flow Forecast. 	
		<ul style="list-style-type: none"> The written assumptions supporting revenues and expenditures <u>cash flow</u> projections should include the following: <ol style="list-style-type: none"> Projected number of Medi-Cal/private pay participants, Projected number of assessment and regular days of attendance, Regular days of attendance for each month and combined positions, and Projection of growth each month for the year shown on the case flow forecast. Fee schedule for non-Medi-Cal participants. 	
IMS 37	Operating Budget (2pages) [Title 22, Section 78205(a)(7)]		
		The operating budget should indicate the center's projected total revenues and expenditures for the total year and for an average month.	
None	Change of Ownership		
		<ul style="list-style-type: none"> <u>SUBMIT</u> all of the forms required for an "initial" application, listed above, plus the following: A letter from the prospective licensee to CDPH stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee (<u>Title 22, Section 78435</u>). Signed and dated copy of any "interim" Management Agreement. Refer to the HS 200 form, Item C.1.b. SUBMIT the <u>ADH 0014 form</u>, Program Flexibility Request, if applicable. 	
<u>CERTIFICATION</u> ADULT DAY HEALTH CENTER Includes the forms and information need for Medi-Cal certification. Please contact the California Department of Aging for more information about certification of ADHC's.			
ADH 0008	Request for Designation as a Rural Alternative ADHC Center		
		SUBMIT this form if you believe the service area in which you are located qualifies as a rural service area, as defined by <u>Section 1579 of the H&S Code</u> , and you would like to be designated as a "Rural Alternative ADHC".	



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DHCS 9098	Medi-Cal Provider Agreement			
		Do not leave any questions blank. Enter N/A if not applicable. Signature page (page 9) must be notarized.		
IMS 32	Assurance of Compliance with the Department of Health, Education, and Welfare Regulations Under Title VI of the Civil Rights Act of 1964			
MC 406	Disclaimer of Conflict of Interest			
IMS 36	Medi-Cal Participation Agreement -- SUBMIT 2 copies			